

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>W.C.</i>		<i>6-2-50</i>
O.I.P.E. CLASSIFIER	<i>M.T.</i>	<i>59</i>	<i>6-9-50</i>
FORMALITY REVIEW	<i>E.H.</i>	<i>60125</i>	<i>5/3/50</i>
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	<i>6/1/50</i>
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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